PTO/SB/17 (10-07)

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Mişdant to the Consolida	lated Appropriations Act, 200	5 (H.R. 4818).
	ANSMIT	
For	r FY 2008	

Effective on 12/08/2004.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 930.00

5 5008

Complete if Known				
Application Number	10/698,025			
Filing Date	October 30, 2003			
First Named Inventor	Carlos SCHULER			
Examiner Name	Steven O. DOUGLAS			
Art Unit	3771			
Attorney Docket No.	0150.00			

				ttorney Dockt			
METHOD OF PAYMEN	T (check al	that apply)					
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 50-0348 Deposit Account Name: Nektar Therapeutics							
For the above-ident							
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X Charge fee(s) indicated b	elow		Char	ge fee(s) indic	ated below, exc	ept for the filing fee
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information and authorization	is form may be n on PTO-2038	ecome public. C	rean cara imorn	iauon snoulu	not be included	on tigs form. Fro	Wide credit card
FEE CALCULATION							
1. BASIC FILING, SEA	RCH. AND	EXAMINATIO	ON FEES				
I. DAOIO I IEMO, CEA	FILING		SEARCH	I FEES	EXAMINA	TION FEES	
Application Tune		Small Entity		mall Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	1 000 7 0.0 101
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES Small Entity							
Fee Description						<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25
Each claim over 20						210	105
1	Lacii independent cianni over 5 (metading ressues)						185
With the dependent claims							
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>						Fee (\$)	Fee Paid (\$)
HP = highest number of total	al claims paid f		20.				
Indep. Claims	Extra Clai			aid (\$)			
3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.							
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x 260.00 = 0.00							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): RCE (\$810.00) and 1 Mo. Extension (\$120.00)							
Calci (c.g., late IIII	-5 0 a. o	-,	,		74-20		

SUBMITTED BY Registration No. Telephone 650-631-3100 30,775 Signature (Attorney/Agent) Date Name (Print/Type) Michael J. Mazza June 2, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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erwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/698,025 **Application Number TRANSMITTA** October 30, 2003 Filing Date For FY 2008 Carlos SCHULER First Named Inventor **Examiner Name** Steven O. DOUGLAS Applicant claims small entity status. See 37 CFR 1.27 3771 Art Unit TOTAL AMOUNT OF PAYMENT 930.00 (\$) 0150.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 50-0348 Deposit Account Name: Nektar Therapeutics For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 510 210 105 155 255 130 Design 210 105 100 50 65 Plant 210 105 310 160 80 155 Reissue 310 155 510 255 620 310 **Provisional** 210 105 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 210 105 Each independent claim over 3 (including Reissues) 370 185 Multiple dependent claims Multiple Dependent Claims **Extra Claims** Fee Paid (\$) **Total Claims** Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof Fee (\$) (round up to a whole number) x 260.00 0.00 100 = /50 =4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 930.00 Other (e.g., late filing surcharge): RCE (\$810.00) and 1 Mo. Extension (\$120.00)

SUBMITTED BY		1				
Signature	Muhul Y	Vega	Registration No. (Attorney/Agent)	30,775	Telephone	650-631-3100
Name (Print/Type	e) Michael J. Mazza	77			Date	June 2, 2008

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